

COMPREHENSIVE COMMUNITY SERVICES

IMPLEMENTATION GUIDELINES

**Multi-Divisional Collaborative Effort between
Division of Disability and Elderly Services and
Division of Health Care Financing**

April 2006

C. Documentation Requirements and Tips

- C1. CCS Medical Records – A Quick Review**
- C2. CCS Record Review**
- C3. Compliance Tips**

CCS Medical Record

A Quick Review

Content Requirements

Please review other materials to determine the specifics needed for each item.

1. CCS Program County Name
2. Consumer name, MA ID number, and other basic demographic information
3. Dated CCS Application
4. Dated and Completed Functional Screen (Determination of Need for CCS) including presenting problem
5. Dated and Completed Assessment
6. Dated MD prescription (must be renewed annually)
7. Dated and signed Recovery/Service Plan
8. Dates and signed Service Plan Updates
9. Dated and signed progress notes for each service unit(s) delivered on each day
 - a. CCS staff member initials and credentials/position
 - b. Progress note must address the specific goals and objectives in the recovery/service plan,
 - c. Progress note should reflect progress towards objectives in the recovery/service plan.
10. Medical charge log identifying each service and service unit(s) for each day of service delivery. Initials and credentials of the service facilitator must be on each page or electronic entry.
11. Signature of Mental Health Professional authorizing every service to be delivered, at initial onset as well as ongoing when new services are introduced

CCS Record Review
April, 2006

Preliminary Information

Consumer Name (or other identifying info): _____

MA Number: _____ Birthdate: _____

Date of Application _____ Date Functional Screen Completed: _____

Date of MD Prescription: _____ Date Assessment Completed _____

Date 1st Service Plan Completed _____ Date of 1st Service Authorized: _____

Assessment Information

1. Does the assessment contain evidence that the assessment includes consumer's unique perspective and own words about how he or she views his or her

Requirements	Extent perspective/own words are included			Comments/Examples
1. Recovery	Y	N	Somewhat	
2. Experiences	Y	N	Somewhat	
3. Challenges/Strengths	Y	N	Somewhat	
4. Resources	Y	N	Somewhat	
5. Needs/each domain	Y	N	Somewhat	

2. Does the assessment contain evidence that the assessment was conducted within the context of each domain and is consistent with:

Assessment Criteria	Extent of Evidence of Criteria			Comments/Examples
1. Is based upon known facts and recent information and evaluations <u>and include assessment for co-existing mental health disorders, substance-use disorders, physical or mental impairments and medical problems.</u>	Y	N	Somewhat	
2. Is updated as new information becomes available.	Y N/A	N	Somewhat	
3. Addresses strengths, needs, recovery goals, priorities, preferences, values and lifestyle of consumer.	Y	N	Somewhat	
4. Addresses age and developmental factors that influence appropriate outcomes, goals and methods for addressing them	Y	N	Somewhat	
5. Identifies the cultural and environmental supports as they affect identified goals and desired outcomes and preferred methods for achieving the identified goals	Y	N	Somewhat	
6. Identifies the consumer's recovery goals and understanding of options for treatment, psychosocial rehabilitation services and self-help programs to address those goals.	Y	N	Somewhat	

3. Are all assessment domains addressed? (If a domain is not listed, the content that would be in that domain can be covered within another domain, but make note of that.)

Domains	Adequacy of Assessment					Comments
1. Life satisfaction	N	1	2	3	Y	
2. Basic needs	N	1	2	3	Y	
3. Social network/family involvement	N	1	2	3	Y	
4. Community living skills	N	1	2	3	Y	
5. Housing issues	N	1	2	3	Y	
6. Employment	N	1	2	3	Y	
7. Education	N	1	2	3	Y	
8. Finances and benefits	N	1	2	3	Y	
9. Mental health	N	1	2	3	Y	
10. Physical health	N	1	2	3	Y	
11. Substance use	N	1	2	3	Y	
12. Trauma/significant life stressors	N	1	2	3	Y	
13. Medications	N	1	2	3	Y	
14. Crisis prevention and management	N	1	2	3	Y	
15. Legal status	N	1	2	3	Y	

4. If there is an abbreviated assessment, is there evidence that the assessment was updated within 3 months of the completion of the abbreviated assessment?

Requirements	Compliance			Comments/Examples
1. Assessment updated within 3 months	Y	N		
2. Summary shows one of the following: --Health or symptoms limited information that could be obtained immediately --Consumer chose not to provide info necessary for comprehensive assessment --Consumer immediately interested in specified services requiring limited information.	Y	N	Somewhat	
	Y	N	Somewhat	
	Y	N	Somewhat	

5. Does the assessment summary include the following?

Requirements	Compliance			Comments/Examples
1. Period of time which the assessment was conducted	Y	N	Somewhat	
2. Information on which outcomes and service recommendations are based	Y	N	Somewhat	
3. Desired outcomes and measurable goals desired by consumer	Y	N	Somewhat	
4. Names and relationship to the consumer of all individuals who participated in assessment process	Y	N	Somewhat	
5. Significant differences of opinion, if any, which are not resolved among team members	Y	N	Somewhat	
6. Signatures of persons present at meetings being summarized	Y	N	Somewhat	

6. Does the recovery team include the following?

Members	Number	Comments
Consumer	1	
Service facilitator	1	
Mental health professional	1	
Substance abuse professional		
Providers		
Natural supports		

7. Is there evidence of a substance use disorder? Y N ?

Service Plan

1. Was the first service plan developed within 30 days of application? Y N

Was the plan undated as the consumer's situation changed or no longer than 6 months after it was developed? (Please underline which circumstance fits.)(Note: A service plan update can be included in the progress notes of a provider prior to inclusion in a major plan update by the team.) Y N NA

2. Does the plan include the following?

Requirements	Compliance			Comments/Examples
1. Outcomes and measurable goals	Y	N	Sometimes	
2. Names of providers and natural supports and payment sources for each service	Y	N	Sometimes	
3. Frequency and schedule of services provided	Y	N	Sometimes	
4. Individualized discharge criteria		Y	N	
5. Attendance roster signed by all persons present at each service planning meeting	Y	N	Sometimes	
6. Signatures of the consumer, the mental health/aoda professional and service facilitator on plan.	Y	N	Sometimes	
7. Authorization statement signed by the mental health professional.	Y	N	Sometimes	
8. Indication who has received copies of the plan.	Y	N	Sometimes	

3. Is there evidence of the following?

Requirement	Compliance			Comments/Examples
1. Age and developmental factors were considered when outcomes, goals and methods of addressing them were identified.	Y	N	Sometimes	
2. Services being provided are based upon the needs and recovery goals prioritized in the assessment.	Y	N	Sometimes	
3. Services build upon the strengths, preferences and lifestyle identified in the assessment.	Y	N	Sometimes	
4. The plan utilizes cultural and environmental supports, peer support and the least restrictive and most natural interventions deemed likely to be effective for this person.	Y	N	Sometimes	
5. The plan is built upon the consumer's own perspective of his/her recovery	Y	N	Sometimes	

4. For those services to be covered by CCS, they need to meet the requirements of psychosocial rehabilitation (see the table below) for that consumer. Is there evidence of the following?

Requirements	Compliance			Comments/Examples
1. Service has been determined through the assessment process to be needed by this consumer	Y	N	Sometimes	
2. This is a direct service to the consumer.	Y	N	Sometimes	
3. Service addresses mh/aoda disorders to maximize independence and minimize effects of the disorder.	Y	N	Sometimes	
4. Is consistent with the consumer's diagnosis and symptoms.	Y	N	Sometimes	
5. Safely and effectively matches the individual's need for support and motivational level.	Y	N	Sometimes	
6. Service provided in the least restrictive, most natural setting likely to be effective for the consumer.	Y	N	Sometimes	
7. Service is not solely for the convenience of the consumer, family or provider.	Y	N	Sometimes	
8. Service is of proven value and usefulness for the individual consumer	Y	N	Sometimes	
9. Service is the most economic option consistent with the consumer's needs.	Y	N	Sometimes	

4. Is there evidence in service plan updates of the following?

Requirement	Compliance			Comments/Examples
1. A review of progress	Y	N	Sometimes	
2. An update of the assessment	Y	N	Sometimes	
3. Information reflecting consumer satisfaction of services at the time that the service plan was updated?	Y	N	Sometimes	
4. Services have been reviewed to ensure that they still meet the requirements of psychosocial rehabilitation services for that consumer.	Y	N	Sometimes	

Service Delivery

In this section, we will begin to try to identify ways of determining if the services actually provided are those that the consumer and team hoped to have—individualized, least restrictive, provided in the most natural settings likely to result in positive outcomes, etc.

At this point, we are not exactly sure what will tell you this. Please note that this is a first draft that we are seeking to test. Feedback on the “methodology” might be more pertinent than the content you record re the services.

In the table below you will be providing information by service. Please use one row to reflect each service. Select up to 4 services to review and also address the service facilitation notes.

Please indicate the service title and whether there is compliance to each by indicating “Y/N/Sometimes”. At this point in our process, your comments might be the most useful information you give us. Your comments might include the strengths and omissions that generally characterize the services that are being billed to CCS, or, indicate specific challenges that you observe.

Requirements: Is there evidence that this service is

Requirements	Compliance	Col
Service: _____ 1. addressing consumers recovery goals 2. addressing measurable goals 3. strength based 4. respectfully provided 5. based on the cultural norms of the consumer and in language the consumer understands 6. involving natural supports or supportive activities 7. appropriate for the consumer's current diagnosis, symptoms, need for support and motivation level 8. evolving based on what works and what doesn't	1. Y N S 2. Y N S 3. Y N S 4. Y N S 5. Y N S 6. Y N S 7. Y N S 8. Y N S	
Service: _____ 1. addressing consumers recovery goals 2. addressing measurable goals 3. strength based 4. respectfully provided 5. based on the cultural norms of the consumer and in language the consumer understands 6. involving natural supports or supportive activities 7. appropriate for the consumer's current diagnosis, symptoms, need for support and motivation level 8. evolving based on what works and what doesn't	1. Y N S 2. Y N S 3. Y N S 4. Y N S 5. Y N S 6. Y N S 7. Y N S 8. Y N S	
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Service: <u>SERVICE FACILITATION</u> 1. addressing consumers recovery goals 2. addressing measurable goals 3. strength based 4. respectfully provided 5. based on the cultural norms of the consumer and in language the consumer understands 6. involving natural supports or supportive activities 7. appropriate for the consumer's current diagnosis, symptoms, need for support and motivation level 8. evolving based on what works and what doesn't	1. Y N S 2. Y N S 3. Y N S 4. Y N S 5. Y N S 6. Y N S 7. Y N S 8. Y N S	

Some final details:

Please indicate whether there are

1. Medical charge log: unit of each service for each day on log:

2. Progress note available for each unit of each service for each day: _____
3. Progress notes all signed and dated: _____

Any additional comments you think would be useful

Compliance Tips

There are many practical things you can do from a CCS service, information systems and financial management perspective that can help avoid problems in compliance. All three of these areas in your agency must work together and know the regulations to avoid compliance problems:

CCS Service Responsibilities

1. Accuracy and completeness of the clinical record has a great deal to do with compliance issues. Key word is document.
2. Medical record must clearly establish that the criteria for psychosocial rehabilitative services (medical necessity) is met for services being provided. The initial assessments and the establishment of the admitting diagnosis are critical to establishing the need. The comprehensive assessment (including history of present illness as well as initial formulation of the diagnostic impressions) and the functional screen are critical to establish why services are being provided and what problems have been identified.
3. Medical record must continue to be updated based on the length of CCS services to document the need for and goals of continued services. There are several steps to reflect the ongoing need for continued services.
 - A. Recovery/service plans and progress notes are two common and obvious methods of continuing to document that the criteria for psychosocial rehabilitative services is met.
 - B. Recovery/service plans should contain needs-strengths (problems), goals, objectives and interventions that are specific to the individual consumer and must be reflective of the diagnoses that were established for the consumer.
 - C. Recovery team meetings should be held on a regular schedule to constantly monitor and document the continuing need for services and the progress towards the goals and objectives identified in the recovery/service plan.
 - D. Changes in diagnosis and/or goals and objectives must continually be updated and documented. At a minimum, this must be done whenever there is a change, or at least annually, whichever is earliest.
4. CCS staff must continue to document that the services being provided are appropriate for the consumer's psychosocial rehabilitative needs.
 - A. For consumers who receive services for many weeks and months, it is also necessary to have periodic re-assessments of the consumer to again re-

establish the need for continued psychosocial rehabilitative services and clearly establish that the criteria are met for continued psychosocial rehabilitative services. (HFS 36 states every 6 months or when there is a change, whichever is earliest.)

- B. Services need to be necessary and reasonable for treatment of a condition that is likely to improve as a result of the services.

5. Recovery/Service Plans, Progress Notes, and Services Provided Must Line Up Correctly

- A. There is a progress note for each CCS service identified on a daily medical charge log, which then is applied to a financial charge log, and then billed as a daily total.
- B. The progress note must address the specific goals and objectives in the recovery/service plan.
- C. The objectives in the recovery/service plan must be measurable and the progress note should reflect progress towards those objectives.
- D. If a new goal or problem is being addressed during service delivery, the progress note should reflect this change and the recovery/service plan should be updated accordingly.
- E. The CCS staff member writing the progress note is the person who provided the service and has the correct credentials to bill for the service being provided. If another CCS staff member needs to counter-sign, then the second signature is in the record indicating that the proper supervision was provided.

6. Look for documentation in medical records that supports the services that have been billed

- A. If one can not follow the documentation trail to support the services being billed, then those claims are not valid.
- B. The process used during audits is called sampling. Sampling is a random selection of services that were billed and paid. The process is to audit that small sample of claims and then extrapolate the results against all claims. This means that if an agency has a high rate of denial for this sample, then the rate of denial established for that sample will be applied across of the agency's billings for the entire period covered by the audit.
- C. Best defense is good documentation and constant review of the documentation in the agency to ensure that the agency does not have significant documentation problems.

Information System Responsibilities

1. The information system needs to continually monitor that the CCS service array matches with the agency codes that are used for each service, that the medical charge log identifies the correct services provided by staff, and that the codes are correct when converted to the financial charge log.
2. Making sure that the information system is correctly producing the claims must be done correctly and monitored regularly for accuracy. It is not uncommon for administrative errors to cause compliance problems. Administrative error does not change the outcome of any review.

Financial Management Responsibilities

1. Reading and understanding the billing requirements (including rate setting, medical charge log, financial charge log, and the billing information for the CMS 1500) is just the beginning.
2. Translating and implementing these regulations in the information system and monitoring the overall compliance of the billing process are part of the role of this department.
3. Setting up compliance training programs and monitoring overall compliance is an important role.
4. Making sure that staff is continually trained in areas of compliance and that a working compliance review process is in place is a very important role and one that can detect and avoid many of the compliance problems. The finance department can and should take the lead in these areas to establish a strong compliance culture in your agency.